

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 15 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29329

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City St. Louis (No. 4717^a) Newcombe St. _____ Ward _____

File No. _____
Registered No. 8140
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4717^a Newcombe St. 6 Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 1 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlisle Penn.

FATHER 13. NAME John Adam Mink

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Clara Mink
4717^a Newcombe

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial DATE Aug. 3 '36

19. UNDERTAKER (ADDRESS) Miller Bros
4257 Lindell Blvd

20. FILED AUG 3 1936 J. Bredeck
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-30-1936

22. I HEREBY CERTIFY, That I attended deceased from 7/22-1936, to 7-30-1936
I last saw him alive on 7-29-1936 Death is said to have occurred on the date stated above, at 4:20 p.m.
The principal cause of death and related causes of importance were as follows:

Heart-Physician (F)
Results of Autopsy
Removal of
Acute Myocardial Infarction
due to cerebral hemorrhage
Other contributory causes of importance: Age
Date of onset: 7/22/36

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Frank J. Zeman, M. D.
(Address) 85-33 Wabash St. Wash. D.C.

21. 3532 Washington

F78740

Miss Gabe & on Friday July 31 1936
Dear Husband Love Miss Gabe
Myron & Miss and our dear friends
Forever from Willen Bradbury
4259 Lincoln Blvd Monday Aug 3 at 10am